


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005233
 1. Entity Name
POND & COMPANY CORPORATION



Principal Place of Business
2635 CENTURY PARKWAY SUITE 800
ATLANTA, GA 30345

Mailing Address
2635 CENTURY PARKWAY SUITE 800
ATLANTA, GA 30345



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1639128 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CT Corporation 1/13/06
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	CP
NAME	POND, J. AL
STREET ADDRESS	2635 CENTURY PARKWAY SUITE 800
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	VD
NAME	FUMBANKS, JOHN F
STREET ADDRESS	2635 CENTURY PARKWAY SUITE 800
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	DV
NAME	PARKER, ANTHONY W
STREET ADDRESS	2635 CENTURY PARKWAY SUITE 800
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	VM
NAME	RICHARDS, ROSEANNA D
STREET ADDRESS	2635 CENTURY PARKWAY SUITE 800
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/13/06 404 677 8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #